

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-040520

STATE FILE NUMBER

Registration District No. 176 Primary Registration District No. 5657 Registrar's No. 25

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 4 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Lawrence	b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield Mo.	a. STATE Mo	b. COUNTY Greene
c. FULL NAME OF (If NOT in hospital, give location) Highway 97 7mi so Lockwood Mo.		d. STREET ADDRESS 506 Harrison St	
3. NAME OF DECEASED		4. DATE OF DEATH	
First Middle Last Harold Glenn Maxwell		Month Day Year Oct 27 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept 20 1928
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office work		10b. KIND OF BUSINESS OR INDUSTRY City Utilities	
13a. FATHER'S NAME Harold Maxwell		13b. MOTHER'S MAIDEN NAME Henrietta Kirkhart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) yes Korean		17. INFORMANT Mrs Henrietta Maxwell Lockwood Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken Neck Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) One car accident		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 12:04	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION Lawrence Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12:04 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Edwin Wilks	
22b. ADDRESS Pine City, Mo		22c. DATE SIGNED 10-29-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 29 1963	23c. NAME OF CEMETERY OR CREMATORY Lockwood	23d. LOCATION (City, town, or county) (State) Lockwood Mo.
24. FUNERAL DIRECTOR Allison Funeral Home Lockwood Mo.		25. DATE RECD. BY LOCAL REG. 11-1-1963	26. REGISTRAR'S SIGNATURE W. S. Bunn

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

INSTEAD OF

DATE AMENDED

VS 300
Rev. 4/59

1 550

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007011-0113

NOV 5 1963

NOV 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.